

PATIENT

Scout Tyson

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

12 Years 5 Months

WEIGHT

68 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

13677

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- P presented for echo due to arrhythmia heard on latest exam

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	UE	--	1.2	1.22	35.03	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	133	1.89	1.1	30.9	3.9	3.54	2.3

Cardiac Presentation

The mitral valve leaflets are normal and there is trivial mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

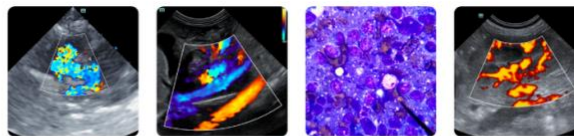
ECG

Sinus rhythm with two isolated monomorphic ventricular premature complexes that display a right bundle branch block morphology.

ULTRASONOGRAPHIC FINDINGS

- Trivial mitral regurgitation.
- VPCs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

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The patient has evidence of trivial mitral regurgitation, Structurally, the rest of the heart appears normal. This regurgitation may be physiologic or secondary to the patient's underlying arrhythmia.

SPECIES

Canine

The patient is having ventricular premature complexes or VPCs. Sometimes these can be seen with primary heart disease in dogs and cats. Other diseases that can cause these abnormal heart beats include diseases of the liver or spleen, infectious tick-borne diseases, endocrine disorders, or sometimes they can be brought about by anxiety.

BREED

Boxer

Given the patient's breed, there is a concern for arrhythmogenic cardiomyopathy (boxer cardiomyopathy). I would recommend performing a Holter monitor on this patient as it gives additional information to determine if cardiac therapies are indicated. Based upon the ECG provided, I'm not recommending medications, but this ECG is a moment in time, and it is ideal to have the total number of abnormal heartbeats over a 24-hour time frame to help guide therapy recommendations. If not moving forward with the Holter monitor, I would recommend a recheck electrocardiogram in four to six months and a recheck echocardiogram in six to twelve months, sooner if the patient is developing a heart murmur or other cardiovascular clinical signs.

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Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.

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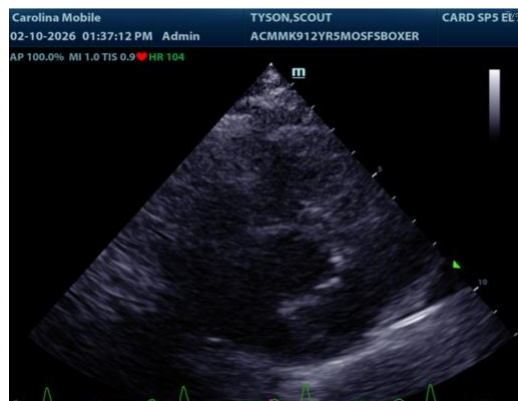
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Scout Tyson 10/02/2026 | 1334:24-13:34:33 | 25 mm/second 10 mm/mV



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sara Brethel DVM, DACVIM (Cardiology)

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